310 - Comprehensive Review of Urology Post Test

S.No.	Questions
1.	The highest peak lesion enhancement is typically seen in which of the following lesions?
	A. Oncocytoma B. Papillary renal cell carcinoma C. Chromophobe renal cell carcinoma D. Clear cell renal cell carcinoma
2.	Skeletal imaging of prostate cancer with Na-Fluoride has an advantage over Tc??m bone scan because of which of the following?
	A. It is more cost effective than Tc??m B. It decreases radiation exposure versus Tc??m C. It has a lower false positive rate than Tc??m D. It provides higher accuracy for detecting metastases than Tc??m
3.	Which of the following enhancement patterns is typically exhibited by prostate adenocarcinoma?
	A. Plateau B. Progressive C. Washout D. Non-enhancement
4.	In patients with testicular torsion, surgery within the first 6 hours results in approximately which of the following salvage rates?
	A. 80% B. 60% C. 40% D. 20%
5.	Which of the following statements is CORRECT regarding the reporting of the percentage involvement by prostate cancer on biopsy?
	A. The percentage of area involved is recommended B. The percentage of cells involved is recommended C. The percentage of length involved is recommended. D. None of the above
6.	Which of the following statements about biopsy of adrenal gland mass is INCORRECT?
	A. Biopsy can distinguish between primary adrenal and metastatic tumor B. Biopsy can distinguish between adrenal cortical and medullary tumors C. Biopsy can distinguish between adrenal cortical hyperplasia and adenoma D. None of the above
7.	Which of the following newly accepted renal cell carcinoma is clinically aggressive?
	A. Clear cell papillary renal cell carcinoma B. Tubulocystic renal cell carcinoma C. Mucinous tubular and spindle cell carcinoma D. Hereditary leiomyomatosis and renal cell carcinoma (HLRCC)-associated renal cell carcinoma
8.	Which of the following statements is TRUE regarding urothelial carcinoma in situ?
	A. It accounts for the majority of cases of non-muscle-invasive bladder cancer B. It is characterized by cells with mild atypia and no mitotic activity C. Strong, diffuse p53 expression can be used to support the diagnosis of carcinoma in situ

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9.	Which of the following is most characteristic of yolk sac tumor of the testis?
	A. When pure, it typically occurs in children B. It exhibits gland differentiation C. It always contains Schiller-Duval bodies D. It stains for OCT ¾
10.	Which of the following statements about papillary squamous cell carcinoma of the penis is INCORRECT?
	A. Those that fall in the not otherwise specified group typically do not show features of HPV infection B. Warty, or so-called condylomatous carcinomas, may arise out of a condyloma C. Verrucous carcinoma is rare D. Verrucous carcinoma is associated with irregular destructive invasion at its base
11.	A 22-year-old male presents with a complaint of a painful phallus during intercourse. He has very mild ecchymosis on his penile examination and he is not sure whether he felt a “pop” in his penis during coitus. You recommend which of the following?
	A. Surgical exploration of the penis B. MRI C. Cystoscopy D. Ultrasound
12.	Laser light can do all of the following EXCEPT:
	A. Reflect B. Transmit C. Evaporate D. Absorb E. Scatter
13.	Factors that are favorable in bladder management when caring for a patient with neurogenic bladder and recurrent urinary tract infection (UTI) include all of the following EXCEPT:
	A. Low storage pressures (good compliance) B. Complete emptying C. Frequent emptying D. Clamping tube and cycling bladder E. Absence of foreign body
14.	In order to reduce urinary tract infections (UTIs), all of the following practices have been shown to be beneficial EXCEPT:
	A. Using catheters sparingly and removing them as soon as possible B. Changing catheters every month C. Using evidence-based practices such as washing hands, wearing gloves, and using aseptic techniques to insert catheters D. Using team-based approaches and strategies to engage patients, families, nurses, and leadership
15.	The most useful and efficient diagnostic tools in evaluating patients with chronic pelvic pain and lower urinary tract symptoms are which of the following?
	A. Urinalysis, culture, and cytology B. History and physical examination C. Urodynamics D. Cystoscopy with hydrodistention and biopsy

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16.	Localization cultures to prove an infectious etiology for UCPPS (urological chronic pelvic pain syndrome) are which of the following?
	A. Positive in 5 – 7% of cases B. Positive more often than in asymptomatic controls C. Unnecessary because empiric antibiotic therapy is the standard of care D. Commonly performed by persons specializing in the condition
17.	Which of the following Y chromosome microdeletions is associated with successful sperm retrieval?
	A. AZFa B. AZFb C. AZFc D. AZFb/c E. Yq (AZFa/b/c)
18.	Erectile dysfunction management has been advanced with the recent AUA Guidelines on this topic that specify a clinical practice concept for facilitating patient management. Which concept refers to management based on values and priorities of the man and his partner?
	A. Goal-directed management B. Mental health counseling C. Step-care approach D. Shared decision-making E. Process of care
19.	A 45-year-old man with a history of perineal pain following a bicycle accident presents with a 36-hour history of penile erection following the injury. He has no voiding pain or dysfunction. Physical examination reveals a nontender uncircumcised penis with 70% rigidity. Penile blood gas analysis reveals the following parameters: PaO2 85; PaCO2 35; pH 7.40. Which of the following is the next best step?
	A. Observation B. Repeat blood gas C. Penile aspiration D. Phenylephrine injection E. Winter shunt
20.	A 30-year-old patient complains of painful erection and gradually worsening penile curvature for the past 3 months. Physical examination and testing reveal a palpable, tender 2-cm plaque on the dorsal aspect of the penis and 40-degree dorsal curvature. The next best step is which of the following?
	A. Ibuprofen B. Intralesional collagenase C. Intralesional collagenase and modeling D. Electromotive therapy E. Penile plication
21.	To make the diagnosis of female hypoactive sexual desire disorder (HSDD), all of the following criteria must be met EXCEPT:
	A. Symptoms must be present for greater than 6 months B. Symptoms cannot be due to an underlying medical or psychological disorder C. Symptoms cannot be due to the side effects of a medication D. Symptoms may be related to relationship dissatisfaction E. The symptoms need to be present the majority of the time

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22.	A 26-year-old male-to-female patient presents to your office for “bottom surgery.” She has been living in the female gender for 2 years. Her PMH and PSH are negative. Her medications include spironolactone and estradiol, which she has been taking for 2 years. Which of the following statements is CORRECT?
	A. It is not necessary to review correspondence from behavioral health specialists B. It is important to ask about her sexuality C. It is critical to have hair removal completed in the lower abdomen, medial thighs, penis, scrotum, and the full width of the perineum D. Her BMI of 42 is irrelevant to the cosmetic outcome E. Neovaginal dilation should not begin until a minimum of 2 weeks following surgery
23.	A 32-year-old male status post right radical orchiectomy. Mixed germ cell tumor (embryonal cancer, teratoma, yolk sac). Normal CT scan – chest/abdomen, pelvis. HCG (human chorionic gonadotropin) is normal post orchiectomy. AFP (alpha-fetoprotein) fails to normalize and the nadir is 600. The proper initial treatment is which of the following?
	A. RPLND (retroperitoneal lymph node dissection) B. Radiation therapy C. Good risk for IGCCCG (International Germ Cell Cancer Collaborative Group) induction chemotherapy D. Surveillance
24.	Which of the following inguinal staging procedures is considered standard for detecting microscopic metastases while limiting both morbidity and false-negative findings?
	A. Sentinel lymph node biopsy B. Superficial inguinal dissection C. Dynamic sentinel lymph node biopsy D. All of the above E. Answers B and C only
25.	Regarding urethral carcinoma in both male and female patients, which of the following two statements are TRUE? 1. The incidence of this tumor is more common than penile cancer, occurring in over 2 per 100,000 at risk males and females 2. Both male and female patients are usually asymptomatic when they are diagnosed 3. Prognostic factors that dictate treatment and survival include tumor stage and location 4. Chemotherapy, radiation, and surgery may be indicated in the treatment of advanced urethral cancer
	A. Statements 1 and 2 B. Statements 2 and 3 C. Statements 1 and 3 D. Statements 3 and 4
26.	Which of the following statements is TRUE?
	A. A fresh post-vasectomy semen sample that shows rare, non-motile sperm is considered sterile B. The method with the lowest recurrence rate for hydrocele repair is the plication procedure C. Chronic orchialgia is easily remediable by a simple surgery D. The female homologue to the seminal vesicles are the Bartholin’s glands E. The best initial test for imaging of the seminal vesicles is an endorectal MRI
27.	A 49-year-old female undergoing elective ureteroscopy for nephrolithiasis sustains a ureteral avulsion that begins 3 cm below the ureteropelvic junction (UPJ) and progresses to the ureteral orifice. She undergoes percutaneous nephrostomy (PCN) placement and presents for elective repair. You recommend which of the following?
	A. Psoas hitch B. Nephrectomy C. Transureteroureterostomy D. Ileal ureter

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28.	A man is struck by a car and sustains multiple injuries including pelvic fracture. He has blood at the meatus. A retrograde urethrogram is normal. A catheter is passed and the bladder is filled with 200 cc of contrast. Full and post-drainage films are normal. The next step should be which of the following?
	A. Evaluation of upper tracts by CT scan B. Repeat the cystogram with higher volume C. Leave the catheter and irrigate out the clots D. Flexible cystoscopy E. Intravenous urogram
29.	In a patient with pelvic fracture secondary to a high-speed motor vehicle collision, which of the following is the single most important clinical finding to indicate the possibility of urethral injury?
	A. Urinary retention B. Blood at the urethral meatus C. Palpable urinary bladder in the lower abdominal midline D. Acetabular fracture on plain film imaging of the pelvis E. “High riding” prostate on digital rectal exam
30.	A 25-year-old presents with a stab wound to the scrotum and perineum, with injury resulting in transection of the distal bulbar urethra. The patient is hemodynamically stable, and primary and secondary trauma surveys reveal no other injuries. Which of the following is the next step in treatment?
	A. Debridement of the wound and healing by secondary intention B. Suprapubic tube and delayed urethral repair C. Alignment of the urethra via Foley catheter D. Perform perineal urethrostomy E. Immediate repair of the injury via urethroplasty
31.	An 80-year-old woman has bilateral hydronephrosis on ultrasound. You suspect retroperitoneal fibrosis. The best test for diagnosis and follow-up is which of the following?
	A. CT with contrast B. CT urogram C. Angiography D. MRI E. Retrograde pyelogram
32.	Which of the following is the preferred method of preventing recurrent uric acid stones?
	A. Allopurinol B. Potassium citrate C. Restriction of animal protein intake D. Restriction of sodium intake E. Probenecid
33.	Which of the following factors does NOT predict the success of shockwave lithotripsy (SWL) for a renal stone?
	A. Skin to stone distance B. Stone density on CT scan (Hounsfield units) C. Stone size D. Presence of blood on urinalysis E. Lower pole stone location
34.	The AUA Guideline for active surveillance for small renal masses includes which of the following?
	A. For patients with renal masses suspicious for cancer, especially those < 2 cm, active surveillance is an option for initial management B. Tumors with a growth rate up to 1 cm per year are suitable for active surveillance C. Patient preference in a healthy individual is not a reason to consider active surveillance D. Chest imaging is not routinely required for evaluation of a renal mass for active surveillance

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35.	There is an absolute indication to perform an extended lymph node dissection in which of the following scenarios?
	A. Management of a small renal mass B. Patients who present with a venous tumor thrombus C. Patients who present with adjacent organ invasion D. There is no absolute indication to perform a lymph node dissection in patients with renal cell carcinoma
36.	Which of the following are modifiable risk factors for developing loss of renal function following partial nephrectomy? 1. Presence of solitary kidney 2. Warm ischemia time 3. Tumor size 4. Amount of normal kidney removed with tumor
	A. Choices 1 and 2 B. Choices 2 and 3 C. Choices 2 and 4 D. Choices 3 and 4
37.	For patients with metastatic renal cell carcinoma (mRCC) and intermediate or poor prognostic risk features by the IMDC criteria, the first-line therapy that has been shown to produce significant improvements in overall response rate (ORR), overall survival (OS), and quality of life compared to standard control arm is which of the following?
	A. Sunitinib B. Pazopanib C. Cabozantinib D. Ipilimumab/nivolumab
38.	Optimal tumor destruction during renal cryoablation is achieved by which of the following?
	A. Obtaining a target temperature of -10° C B. Placing the cryo probe tip at the center of the tumor C. Performing a single active freeze-thaw cycle D. Intraoperative ultrasound-guided cryo probe placement E. Extending the ice-ball 2 cm beyond the tumor margin
39.	A 62-year-old man presented to the emergency department with edema. He has had obstructive lower urinary tract for some time, but has been busy at work and no time to explore this issue further. On examination, his blood pressure is 168/92 mmHg and his heart rate is 96/min. He has clear lungs but bilateral edema to the knees. His abdominal exam is notable for a suprapubic mass. Point of care ultrasound demonstrates that the mass is consistent with a markedly distended bladder and a Foley catheter is placed. Two liters of urine are promptly excreted. Over the next 2 hours, brisk urine output continues. His laboratory studies on arrival to the ED are: Serum Result Reference Range Sodium 134 mEq/L 136 - 145 Potassium 5.9 mEq/L 3.5 - 5.0 Chloride 103 mEq/L 98 - 106 Blood urea nitrogen 120 mg/dl 8 - 20 Creatinine 7 mg/dl 0.7 - 1.2 The most appropriate next step in management is which of the following?
	A. Infuse 0.45% saline B. Begin 3% saline C. Prescribe normal saline D. Continue observation
40.	A 55-year-old man has a history of type 2 diabetes (15 years), hypertension (3 years), dyslipidemia (5 years), and cardiovascular disease (myocardial infarction 3 years ago). He was recently diagnosed with chronic kidney disease (CKD). His most recent laboratory results reveal an eGFR of 45 ml/min/1.73m2 and an albumin-to-creatinine ratio (ACR) of 38 mg/g. Which of the following should be avoided? 1. Angiotensin-converting enzyme (ACE) inhibitors and angiotensin II receptor blockers (ARB) in combination 2. Daily low-dose aspirin 3. NSAIDs 4. Statins
	A. Choices 1 and 3 B. Choices 1 and 4 C. Choices 2 and 3 D. Choices 2 and 4

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41.	Which of the following interventions has been shown in a randomized prospective trial to improve oncologic outcomes of patients with high-risk upper tract urothelial cancer?
	A. Neo-adjuvant chemotherapy B. Adjuvant chemotherapy C. Adjuvant radiotherapy D. None of the above
42.	A 57-year-old woman reports bothersome urge urinary incontinence. Her physical exam and urinalysis are both normal, and her PVR is 30 ml. She has a positive supine stress test at 300 ml. She has tried altering her diet and timed voiding without much improvement. Voiding diary shows 11 voids per day with a total urine output of 1,500 ml. The next step is which of the following?
	A. Cystoscopy B. Urodynamics C. Overactive bladder (OAB) medication D. Percutaneous tibial nerve stimulation (PTNS) E. Mid urethral sling (MUS)
43.	Before midurethral mesh sling surgery for uncomplicated stress urinary incontinence, urodynamics – compared to a basic office examination – has been shown to do which of the following?
	A. Increase the rate of post-operative UTI B. Not change surgical outcomes C. Identify those who would benefit from transobturator versus retropubic approach D. Result in higher patient satisfaction E. Decrease costs
44.	A 61-year-old male has bothersome stress urinary incontinence following salvage radical prostatectomy. He was doing well for 3 years following surgery, but then had biochemical recurrence and opted for external beam radiation treatment. Over the next 2 years, he developed progressively worse stress urinary incontinence and has a 24-hour pad weight of 450 grams. His daytime frequency is once every 3 hours and he denies nocturia. His stream force is normal, with a post void residual urine volume of 10 ml. He has failed pelvic floor exercises and penile compression clamp, and now desires intervention. What is the most appropriate next step in the management of this patient?
	A. Cystoscopy and assessment of repositioning test B. Multichannel video urodynamics C. Artificial urinary sphincter surgery D. Transobturator sling placement E. Quadratic sling placement
45.	When performing fistula repair vaginally, if the tissue quality is of concern, a good option for a graft is which of the following?
	A. Buccal mucosal graft B. Free flap C. Martius graft D. Skin graft E. Rectus abdominus flap
46.	During the performance of a urethral diverticulectomy, the Foley catheter is noted through a 0.5-cm surgically induced defect in the urethral wall as the specimen is removed from the operative field. The next step is which of the following?
	A. Mobilization of a Martius flap to buttress the urethral closure B. Placement of a midurethral polypropylene sling to prevent postoperative stress incontinence C. Primary closure of the urethra with fine absorbable suture D. Interposition of a biologically compatible graft such as autologous fascia to close the gap in the urethral wall E. Excision and utilization of a portion of the urethral diverticulectomy specimen as a free graft to close the urethra

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47.	A 67-year-old male undergoes a TURBT for a 2-cm bladder tumor. Pathology confirms a high grade tumor (stage Ta) urothelial carcinoma. A re-resection shows no residual disease. Which of the following is the patient's best treatment option?
	A. Continued cystoscopic surveillance at routine intervals B. Early cystectomy C. BCG (Bacillus Calmette-Guerin) induction with no planned maintenance if patient responds D. BCG induction with 1-year maintenance BCG if patients responds E. BCG induction with 3-year maintenance BCG if patient responds
48.	The AUA/SUO recommends that intermediate-risk non-muscle invasive bladder cancer patients should be offered induction Bacillus Calmette-Guerin (BCG) therapy for how many years of maintenance BCG therapy?
	A. 0 years B. 1 year C. 2 years D. 3 years
49.	For which of the following treatment modalities does Level 1 evidence support a survival advantage when used with radical cystectomy for muscle invasive bladder cancer?
	A. Neoadjuvant chemotherapy B. Adjuvant chemotherapy C. Both modalities D. Neither modality
50.	For patients with muscle-invasive bladder cancer pursuing bladder preservation, there is Level 1 evidence from a phase III randomized controlled trial (RCT) supporting which of the following?
	A. The addition of adjuvant full dose chemotherapy following chemoradiation to improve overall survival B. A visibly complete transurethral resection of bladder tumor prior to chemoradiation to improve metastatic free survival C. The addition of concurrent radiosensitizing chemotherapy to radiation therapy to improve locoregional disease free survival D. The superiority of cisplatin/5FU + BID radiation therapy over gemcitabine + QD radiation therapy in terms of disease specific survival
51.	A 56-year-old female former smoker without other medical issues was diagnosed with muscle-invasive bladder transitional cell carcinoma of the left lateral wall. Her staging studies show hydronephrosis on the left with no evidence of lymphadenopathy or distant metastases. Your colleague plans radical cystectomy. Which of the following statements about peri-operative chemotherapy is TRUE?
	A. Well-powered, completed randomized controlled trials provide evidence for a survival benefit with neoadjuvant chemotherapy B. Microscopic metastases are better eradicated after cytoreductive radical cystectomy C. Pre-operative staging is 100% accurate and can direct which patients should have neoadjuvant chemotherapy D. Well-powered, completed randomized controlled trials provide evidence for a survival benefit with adjuvant chemotherapy E. Nearly all patients tolerate radical cystectomy well and can receive adjuvant chemotherapy within 6 – 8 weeks of surgery
52.	Which of the following is a contraindication for orthotopic urinary diversion?
	A. Creatinine clearance of 48 B. Prior bowel resection C. Age D. Recurrent urethral stricture E. Presence of concomitant prostate cancer

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53.	Compared to placebo, combination therapy with an alpha blocker and a 5-alpha reductase inhibitor for benign prostatic hyperplasia results in which of the following?
	A. Lower cost B. Increased sexual adverse events C. Increased mortality D. Lower rates of hematuria
54.	Which of the following anatomic findings on imaging predicts progression of disease on surveillance, failure of medical therapy, and the presence of urodynamic obstruction?
	A. Elevated post void residual (PVR) B. Large prostate size C. Long prostatic length D. Intravesical prostatic protrusion
55.	Updated (13-year) follow-up analysis from the ERSPC trial demonstrated which of the following?
	A. Increase in absolute risk reduction in prostate cancer mortality in the screening group compared to findings after 9 and 11 years B. Decrease in absolute risk reduction in prostate cancer mortality in the screening group compared to findings after 9 and 11 years C. Even higher levels of contamination (PSA testing) in the control arm than originally determined D. Lower prostate cancer incidence in the intervention group than the control group
56.	Which of the following is the recommended testing frequency during active surveillance according to the 2018 National Comprehensive Cancer Network guidelines?
	A. PSA no more than every 3 months, DRE no more than every 6 months, and repeat biopsy no more than every 6 months unless clinically indicated B. PSA no more than every 6 months, DRE no more than every 6 months, and biopsy no more than yearly unless clinically indicated C. PSA no more than every 3 months, DRE no more than yearly, and biopsy no more than yearly unless clinically indicated D. PSA no more than every 6 months, DRE no more than yearly, and biopsy no more than yearly unless clinically indicated E. The NCCN guidelines do not specify the testing frequency for PSA, DRE, and biopsy
57.	All of the following biomarkers can be utilized for prostate cancer early detection EXCEPT:
	A. Free PSA B. Decipher C. PHI D. MiPS E. SelectMDx
58.	Compared to standard 12-core template prostate biopsy, MRI/US fusion-guided biopsy is associated with which of the following outcomes?
	A. Increased overall cancer detection, increase in detection of intermediate- to high-risk tumors, increase in detection of low-risk tumors B. Decreased overall cancer detection, decrease in detection of intermediate- to high-risk tumors, decrease in detection of low-risk tumors C. Equivalent overall cancer detection, increase in detection of intermediate- to high-risk tumors, decrease in detection of low-risk tumors D. Increased overall cancer detection, increase in detection of intermediate- to high-risk tumors, equivalent in detection of low-risk tumors

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59.	In the only randomized study in primary prostate cancer focal therapy compared to active surveillance, padeliporfin VTP (vascular-targeted photodynamic) therapy reduced the detection of Gleason grade 3+3 prostate cancer to Gleason grade 3+4 or higher based on a biopsy endpoint at 24 months by approximately which of the following percentages?
	A. 10% B. 25% C. 50% D. 100%
60.	The risk group of prostate cancer for which radical prostatectomy is most likely to extend survival is which of the following?
	A. Low risk B. Intermediate risk C. High risk D. All of the above E. None of the above
61.	For men with a rising PSA after radical prostatectomy, a randomized trial published in The New England Journal of Medicine in February 2017 shows that the addition of anti-androgen therapy to salvage radiation improves which of the following?
	A. PSA failure – free survival B. Metastasis-free survival C. Prostate cancer – specific survival D. Overall survival E. All of the above
62.	Using patient-reported outcome measures in the clinical care of prostate cancer patients may do which of the following?
	A. Enable accurate, objective measurement of health-related quality of life B. Allow pre-treatment prediction of post-treatment outcomes C. Facilitate a more efficient clinical visit D. Prevent underestimation of patients' symptoms after prostate cancer treatment E. All of the above
63.	A 66-year-old man without significant other medical history was diagnosed with Gleason 5+4 prostate adenocarcinoma at biopsy with a PSA of 23 and clinical stage T2a. He underwent staging studies including a bone scan and CT of the abdomen and pelvis, revealing bone lesions in the pelvis, two vertebral bodies, and proximal right humerus. He was asymptomatic. He was started on androgen deprivation therapy (ADT) with a GnRH agonist. Which of the following choices would be reasonable to add within 3 months of starting therapy?
	A. Pembrolizumab B. Enzalutamide C. Docetaxel D. Radium-223 E. No additional therapy
64.	Which of the following is the most common etiology of moderate to severe antenatal hydronephrosis?
	A. Ureteropelvic junction obstruction B. Vesicoureteral reflux C. Congenital ureterocele D. Ectopic ureter E. Posterior urethral valves

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65.	An 11-year-old boy with a history of sickle cell disease presents to the emergency department with a painful erection that started 6 hours prior, and is persistent and rigid. A corporal blood gas confirms ischemic priapism. Treatment for this patient MUST include which of the following?
	A. Oxygenate the patient via nasal cannula or mask to bring O2 saturation to as close to 100% as possible B. Administer analgesia and perform corporal aspiration and intracorporal phenylephrine injection to obtain detumescence C. Give an immediate dose of a PDE5 inhibitor followed by a daily dose to prevent further recurrence D. Administer 7.5 mg of leuprolide acetate intramuscularly E. Consult with the hematology service to perform a blood exchange transfusion
66.	Which of the following statements is TRUE about patients with neurogenic bladder secondary to spina bifida?
	A. The level of the vertebral defect correlates with the neurologic sequelae B. Prophylactic antibiotics are recommended in all patients with concomitant vesicoureteral reflux (VUR) C. Renal bladder ultrasound is a good imaging study to use for detection of renal scarring D. Spina bifida has a birth prevalence of 29.01/100,000 and is the most common cause of neurogenic bladder
67.	For pediatric traumatic injuries of the bladder neck extending into the urethra, which of the following statements is CORRECT?
	A. A trial of expectant management with catheter drainage for 3 – 5 days is reasonable initially B. Most boys will be expected to have complete continence after repair C. Most girls will be expected to have complete continence after repair D. For boys, artificial urinary sphincters in the bulbar urethra erode frequently when placed after repair E. For girls, fortunately bladder neck slings reliably produce continence with spontaneous voiding
68.	The most important prognostic factor in a patient with Wilms' tumor is which of the following?
	A. Age of the patient B. Lymph node status C. Intraoperative spillage D. Tumor histology E. Bilaterality
69.	Transition of patients with spina bifida from pediatric to adult providers remains a challenge. What percentage of academic pediatric urology clinics have a formal transition clinic?
	A. 85% B. 15% C. 35% D. 5% E. 50%